

# TOWN OF MILFORD

Town Hall – 1 Union Square, Milford, NH 03055-4240

Web site: [www.milford.nh.gov](http://www.milford.nh.gov)

Fax No.: (603) 673-2273

As an equal opportunity and affirmative action employer, all applicants are welcome and will be considered for employment without regard to race, color, religion, sex, national origin, age, marital status, veteran status, mental disability, or the presence of a non-job related handicap. If employed, this application will become a part of your permanent record. Please fill it out carefully and accurately. All information will be treated as confidential.

This form has been revised to comply with the provisions of the Americans with Disabilities Act and the final regulations and interpretive guidance promulgated by the EEOC.



## PLEASE COMPLETE ENTIRE APPLICATION FORM

Incomplete applications may not be considered

Please print legibly throughout form

### PERSONAL INFORMATION

Last Name	First Name	Middle Initial	Date
Permanent Address	City	State	Zip Code
Home Phone No.	Present Mailing Address (if different)	City	State
Work Phone No.	Social Security Number:	Are you over 18 years of age?	Yes ? No ?
Are you eligible to work in the U.S.?	Yes ? No ?	If yes, type of Visa (if any)	No.: _____ Date of Entry: _____

### EMPLOYMENT DESIRED

Position	Date you can start?	Salary Desired?	F/T ? P/T ?	Summer ? Temporary ?
Have you ever been employed by the Town of Milford? Yes ? No ?			If yes, when?	
In what Department?		Supervisor's Name:		

### EDUCATION

	Name and Location of School	No. of years Attended	Degree/ Type	Major Subject Studied
High School				
College/University				
Trade, Business or Correspondence School				
Other education or special training. (Includes Military Service Schools, etc.)				

### GENERAL

Subjects of Special Study or Research work: _____	
U.S. Military, National Guard or Reserves? Yes ? No ? Rank: _____	
Honorable Discharge? Yes ? No ? Currently in Service? Yes ? No ?	
Have you been convicted of a crime in the last seven (7) years? Yes ? No ? If yes, give date, place, charge and disposition: _____	
<i>Previous convictions do not exclude an applicant from consideration for employment</i>	

**WORK EXPERIENCE :** List below all employers within the last 10 years, starting with your most-recent employer – a detailed resume may be attached to provide additional information. (Attach separate sheet if necessary.)

Date Month & Year	Company Name and Address (City/State)	Supervisor's Name and Phone Number	May we Contact?	Salary/ Hrs./Wk.	Position	# of employees Supervised (if any)	Reason for leaving
Present Employer							
From							
From							
To							
From							
To							

**REFERENCES** (Give the names of three (3) persons not related to you and whom you have known for at least one (1) year)

Name	Company Name	Address (City/State)	Phone #	Years Acquainted
1.				
2.				
3.				

### SPECIAL SKILLS / LICENSES

If driving is an essential job function, do you have a valid driver's license? Yes ? No ? **(Photocopy required)** If yes, what State: \_\_\_\_\_ Type: \_\_\_\_\_

License No.: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Have you ever been bonded? Yes ? No ? Typing/Shorthand: \_\_\_\_\_ WPM: \_\_\_\_\_/\_\_\_\_\_

What software/computer skills do you have? \_\_\_\_\_

Certifications Held **(Photocopies required)** \_\_\_\_\_

What machines can you operate? \_\_\_\_\_ Other: \_\_\_\_\_

**CERTIFICATION/AUTHORIZATIONS:** I certify that the information contained in this application and in any resume provided by me or any party representing my interests is correct and complete to the best of my knowledge. I understand that any false statements for misrepresentations made by me on this application or any supplement thereto will be sufficient grounds for rejection of this application or discharge after employment. I hereby authorize the Town of Milford to obtain information concerning me from former employers and/or educational institutions and I release all concerned from any liability in connection therewith. If employed by the Town of Milford, I understand that such employment is subject to (1) the policies and regulations of the Town; (2) submitting documentary proof of U.S. citizenship or alien status, as required; and (3) the employment at will disclosure (i.e., my employment and compensation can be terminated with or without notice, and with or without cause, at any time by either the Town or myself). I hereby authorize the Town of Milford to photocopy (or obtain a photocopy of) my driver's license.

I fully understand that, should I be offered employment, the Town of Milford may require a pre-employment screening which may include, but not be limited to, a physical exam, license check, criminal record check, and/or illegal drug screening. I understand that my refusal to submit to and cooperate fully in the foregoing shall constitute good and sufficient cause for withdrawal of this application from further consideration. I understand that failure to pass any of the screening areas will result in my not being considered for employment with the Town of Milford.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature